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4955 7590 07/11/2008

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09/16/2008 RHEBRAH1 00000048 10553496

01 FC:1501	1440.00 QP
02 FC:1504	300.00 QP
03 FC:8001	

APPLICATION NO.	FILING DATE
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10/553,496	10/13/2005
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FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

870-003-197

3692

TITLE OF INVENTION: FAN

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DOROTHY TOMASCO	(Depositor's name)
<i>Dorothy Tomasco</i>	(Signature)
Sept 12, 2008	(Date)

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	10/14/2008
EXAMINER		ART UNIT		CLASS-SUBCLASS		
NGUYEN, NINH H		3745		415-208200		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 MILTON OLIVER, ESQ.

WARE FRESSOLA

2 _____

VAN DER SLUYS &

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

EBM-PAPST ST. GEORGEN GMBH & CO. KG

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ST. GEORGEN, GERMANY

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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Issue Fee **\$1,440.00**

A check is enclosed. #**39177 - \$1,770.00**

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Authorized Signature

Milton Oliver

Date

12 SEP. 2008

Typed or printed name

MILTON OLIVER

Registration No. **28,333**

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